



SANDRA SHEWRY
Director

State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

December 30, 2005

To: Family PACT Providers, and Medi-Cal Providers who have Performed
Contraceptive Sterilizations for Family PACT Clients

Subject: Program Letter 05-04
Family PACT (Planning, Access Care and Treatment) Program Letter:
Change From Use of Sterilization Consent Form (PM 284) to Sterilization
Consent Form (PM 330)

The purpose of this letter is to notify you that effective February 1, 2006, Family PACT Program policy will change from the use of sterilization Consent Form (PM 284) to sterilization Consent Form (PM 330) effective for dates of service on or after February 1, 2006, for claims submitted by Family PACT providers for elective sterilization.

Before obtaining consent:

The person who obtains the consent must provide the individual to be sterilized with a copy of the booklet on sterilization provided by the Department of Health Services in English or Spanish. Sterilization *Consent Form* PM 330 (English on one side, Spanish on the other) and the patient information booklet may be ordered at the following address: **(allow four to six weeks for delivery):**

Department of Health Services Warehouse
1037 North Market Boulevard, Suite 9
Sacramento, CA 95834-1917
Telephone number: (916) 928-9203

Temporary Closure of DHS Warehouse in Sacramento

The department's Sacramento warehouse, located at 1037 North Market Boulevard, Suite 9, Sacramento, CA, 95834, will be closed for inventory until January 20, 2006. No services of any type will be available during this period. Orders will be processed after the warehouse re-opens on January 23, 2006.

Use of the PM 330 also includes the following policy updates:

- Recipients must be a minimum of 21 years of age.
- A minimum 30-day waiting period between the recipient's consent and the date of the sterilization procedure is required.

Claims for elective sterilization from Family PACT providers for dates of service prior to February 1, 2006, must continue to follow current Family PACT policy as applied to the sterilization Consent Form (PM 284).

All Family PACT providers must adhere to all Medi-Cal policies described in the Sterilization section of the Part 2 provider manual, including submission of a Department of Health Services sterilization Consent Form (PM 330). Instructions for completing and examples of the *Consent Form* can be found at the following web site:

http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/ster_m00i00o03.doc

The Office of Family Planning is requesting the assistance of enrolled Family PACT providers with outreach to the Medi-Cal providers who perform sterilizations for Family PACT clients to ensure that their claims are submitted with the documentation required for reimbursement.

For further clarification please contact Suzanne Del Sarto, Nurse Consultant III, Clinical Services Section, at (916) 650-6744, in the Office of Family Planning.

Sincerely,



Laurie Weaver, Chief
Office of Family Planning Branch

cc: See Next Page